

Centers for Medicare & Medicaid Services

**Long Term Care Resident
Assessment Instrument
Version 2.0**

**Draft Provider Instructions Regarding
Authority To Submit MDS Records
And Use Of The Sub_Req Field**

Revised
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The *Draft Provider Instructions Regarding Authority To Submit MDS Records And Use Of The Sub_Req Field* is published by the Centers for Medicare & Medicaid Services (CMS) and is a public document. It may be printed and copied freely, as our goal is to disseminate information broadly to facilitate accurate and effective resident assessment practices in long term care facilities.

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Please submit your comments and questions about MDS submission authority to your State RAI Coordinator. Please submit your comments and questions about automation and submission requirements to your State MDS Automation Coordinator.

DRAFT PROVIDER INSTRUCTIONS REGARDING AUTHORITY TO SUBMIT MDS RECORDS AND USE OF THE SUB_REQ FIELD

10/02/2001

The release of MDS information by facilities must follow laws governing the privacy rights of residents. Submission of MDS information to the standard MDS systems constitutes a release of private information and must conform to privacy laws. CMS has received several requests from the industry to provide guidance concerning which MDS records can be submitted to the standard MDS system. CMS is therefore implementing a series of MDS system changes to assist nursing facilities in abiding by laws concerning the privacy rights of residents. These changes will also insure that access to resident information in federal and state databases will be limited to those who have authority to view such information. The first of these system changes will be made in the Fall of 2001 and will necessitate that facilities carefully determine which MDS records should be submitted under CMS authority, which MDS records should be submitted under state authority, and which records should not be submitted at all.

MDS Privacy Issues For the Facility

The Facility cannot release resident information without appropriate authority. There must be federal and/or state authority in order for a facility to submit MDS information to the standard MDS system. The key to what authority exists is based on certified versus non-certified units.

CMS has authority to collect MDS information for all residents residing on a certified unit. Some states have authority to collect MDS information for residents on non-certified units, while other states do not have that authority. It is the facility's responsibility to determine that appropriate authority is present before submission.

MDS Privacy Issues For CMS and The State

Access to each record in the standard MDS databases must be restricted to appropriate state and/or CMS staff. The standard state databases contain records submitted under CMS or state authority. State workers need access to all of these records to fulfill state licensure and Medicaid duties, in addition to federal survey and certification duties delegated to the state by CMS. The access of CMS workers must be limited to those records submitted under federal authority. CMS workers must not have access to state database records submitted solely under state authority. Records from the state databases are periodically copied to a national MDS repository database to be used by CMS.

For privacy reasons, this national database must be restricted only to records submitted under CMS authority. Because of these different access requirements, it is necessary that records in MDS databases be marked to indicate the submission authority. Records must be marked as CMS authority (CMS and the state both have access) or as state-only authority (only the state has access).

Implementation of the SUB_REQ Field

The initial change to the standard MDS system to both control submission and allow appropriate access will be implemented in the Fall of 2001. A new field will be added to each record submitted. This new field will be called SUB_REQ (for “submission requirement”).

Actually this is not a “new” concept. Plans for this new field had previously been published in the MDS Data Specifications Version 1.10 published in December 1999 for implementation in April 2000. Training concerning this field was provided to the state RAI coordinators at the January 2000 RAI conference. But on March 25, 2000, CMS announced that the implementation of SUB_REQ would not occur in April 2000. The April 2000 implementation provided insufficient time for modification of applications at the state and federal level to allow appropriate processing based on this field. Implementation will now occur in the Fall of 2001.

SUB_REQ will take on the following 3 values:

- Value = 3, indicating that the MDS record is for a resident on a Medicare and/or Medicaid certified unit. There is CMS authority to collect MDS information for residents on this unit.
- Value = 2, indicating that the MDS record is for a resident on a unit that is neither Medicare nor Medicaid certified, but the State has authority under state licensure or Medicaid requirements to collect MDS information for residents on this unit.
- Value = 1, indicating that the MDS record is for a resident on a unit that is neither Medicare nor Medicaid certified, and the State does not have authority to collect MDS information for all residents on this unit. Note that if a record is submitted with SUB_REQ = 1, then that record will be rejected and all information concerning the record will be purged.

A flow chart for SUB_REQ determination is provided in Appendix A.

MDS Records With SUB_REQ = 3 (CMS Authority)

The following records have SUB_REQ = 3:

- An MDS assessment record for a person in residence on a certified unit for any part of the assessment reference date (MDS Item A3a).
- A discharge tracking form when a resident is discharged from a certified unit.
- A reentry tracking form when a resident reenters a certified unit after a previous temporary discharge from a certified unit in that facility.

MDS Records With SUB_REQ = 2 (State Authority)

The following records have SUB_REQ = 2:

- An MDS assessment for a person who was not in residence on a certified unit for any part of the assessment reference date (MDS Item A3a) but was in residence on a non-certified unit with state submission authority for any part of that date.
- A discharge tracking form when a resident is discharged from a non-certified unit with state submission authority.
- A reentry tracking form when a resident reenters a non-certified unit with state submission authority, after a previous temporary discharge from such a non-certified unit in that facility.

MDS Records With SUB_REQ = 1 (No Authority)

The following records have SUB_REQ = 1:

- An MDS assessment for a person whose was not in residence on a certified unit or on a non-certified unit with state submission authority for any part of the assessment reference date.
- A discharge tracking form when a resident is discharged from a non-certified unit with no state submission authority.
- A reentry tracking form when a resident reenters a non-certified unit with no state submission authority, after a previous temporary discharge from such a non-certified unit in that facility.

Correction Policy for SUB_REQ

The value of SUB_REQ on a modification or inactivation record must match the value for the prior record to be corrected. SUB_REQ may not be modified with a normal MDS modification request. A modification request that changes SUB_REQ will be rejected. If the SUB_REQ value is incorrect on a record already accepted into the standard MDS database the facility must make a

written request to the state help desk to evaluate the problem and, if appropriate, the MDS database will be manually corrected.

This manual approach is required because changes to “access status” (as given in SUB_REQ) require that the original record with incorrect access must not be retained in the database as an audit trail. An automated modification will not work, because a modification leaves a copy of the record with incorrect access in a history file maintained for audit trail purposes.

If SUB_REQ is incorrect on a record in the MDS standard database, the facility cannot correct the situation with an inactivation. An inactivation retains a copy of the “incorrect” record as an audit trail. If SUB_REQ is incorrect, the facility must make a request for manual correction.

Manual actions taken to correct access status are as follows:

- Changing SUB_REQ from 2 or 3 to 1. The original record is purged (not moved to history) from the standard MDS database. The original record should not have been submitted and no information concerning that record should remain in the MDS database.
- Changing SUB_REQ from 2 to 3. The original record has access by the state but not CMS, when both should be allowed. The SUB_REQ value on the record in the MDS database will be changed from 2 to 3 (without an audit trail), to allow access by both CMS and the state.
- Changing SUB_REQ from 3 to 2. The original record has access by the state and inappropriate access by CMS. The SUB_REQ value on the record in the MDS database will be changed from 3 to 2 (without an audit trail), to allow access by the state but not CMS.

After requesting a manual correction, it is not necessary for the facility to resubmit the original record with correct SUB_REQ. The manual process will have already corrected the SUB_REQ value in the MDS database.

Steps involved in manual correction of access status are as follows:

1. To request a change in access status (SUB_REQ) for a specific MDS record (assessment, discharge, or reentry), the facility must send the following information to the MDS state coordinator in writing:
 - Facility name
 - Name, title, and phone number of the person making the request
 - The following items from the MDS specific record:
 - Facility ID (FAC_ID)
 - Resident name (first and last)
 - Resident SSN
 - Resident birthdate
 - Resident gender
 - Reason for assessment (MDS Items AA8a and AA8b)

- Target date (A3a for an assessment, R4 for a discharge, A4a for a reentry)
 - Submission date and time
 - Submission batch ID
 - Incorrect SUB_REQ value submitted
 - Correct SUB_REQ value
2. The state will evaluate the request, decide if the change is appropriate, and report this decision back to the facility.
 3. If the state decides the change is appropriate, then the state will forward the request to QTSO support staff.
 4. QTSO will obtain CMS approval for the change, make the change, and maintain a log of all changes.

Appendix B gives an example worksheet that could be used by the facility to request a change in the access status (SUB_REQ) for an MDS record.

Implementation Issues

Records already in the database before SUB_REQ implementation will be treated differently than records submitted after implementation.

Pre-implementation records. Pre-implementation records do not have a SUB_REQ value, and these records will be treated as having an unknown SUB_REQ value after implementation. If a post-implementation correction request (modification or inactivation) is submitted for a pre-implementation record, then SUB_REQ will be inactive on that correction request and may be left blank. Since SUB_REQ is unknown for all pre-implementation records, there will be no differential access capability for these records, with both the state and CMS having access.

Post-implementation records. Data records submitted after the implementation date will be treated as follows:

- **Original records with a SUB_REQ value of 3** will be accepted into the state database.
- **Original records with a SUB_REQ value of 2** will be handled differently in states that have authority to collect MDS information for non-certified units and states that do not.
 - In states that have authority, original records with a SUB_REQ value of 2 will be accepted into the state database.
 - In states that do not have authority, original records with a SUB_REQ value of 2 will be rejected. It is illegal for the information in this record to have been submitted, and the following actions will be taken:
 1. The record will not be stored in the database.

2. The record will be deleted from the submission file that is stored at the state as an audit trail, so that no traces of the record remain.
 3. The Final Validation Report will inform the facility that an inappropriate record has been submitted and has been rejected. The report will not include any resident information from the record. It will simply give the position of the record in the submission file.
- **Original records submitted with a SUB_REQ value of 1** will be rejected. It is illegal for the information in this record to have been submitted, and the following actions will be taken:
 1. The record will not be stored in the database.
 2. The record will be deleted from the submission file that is stored at the state as an audit trail, so that no traces of the record remain.
 3. The Final Validation Report will inform the facility that an inappropriate record has been submitted and has been rejected. The report will not include any resident information from the record. It will simply give the position of the record in the submission file.
 - **Correction request records (modifications and inactivations)** for an original record accepted into the database after implementation must have the same SUB_REQ value as the original record. If SUB_REQ is different, then the correction request will be rejected. All changes to SUB_REQ must be made with the special manual procedure for changing SUB_REQ (described above).

Transfers Between Certified and Non-Certified Units of A Facility

When a resident moves between certified and non-certified units within a facility, appropriate tracking forms must be completed to document this movement, just as if the resident had moved to a completely different facility. This is necessary because the survey process only applies to certified units and some standard system applications (e.g., the standard QIs, standard roster reports, etc.) will be modified to only apply to certified units (SUB_REQ = 3) in the future.

Consider the case where a resident transfers from a certified to a non-certified unit. A discharge tracking form with SUB_REQ = 3 is required by CMS to document a discharge from the certified unit. If the transfer is to a non-certified unit with state authority to submit, the state may require a reentry with SUB_REQ = 2 to document the entry into the non-certified unit. If the transfer is to a non-certified unit without state authority to submit, there will be no state requirement for a reentry.

Consider the case when a resident transfers from a non-certified unit to a certified unit. Because of the entry into a certified unit, CMS will require an initial admission assessment (or other initial or reentry record) with SUB_REQ = 3 for the new stay beginning on the certified unit. If the transfer is from a non-certified unit with state authority to submit, the state may require a discharge with SUB_REQ = 2 to document the end of the stay on the non-certified unit. If the transfer is from a non-certified unit without state authority to submit, there will be no state requirement for a discharge.

When SUB_REQ changes on successive records for a resident in a facility, the following requirements apply:

- If SUB_REQ is 2 on the first record and 3 on the second record, then the second record (SUB_REQ = 3) must be an initial or reentry record (initial admission assessment with AA8a = 01, a discharge prior to completing the admission assessment with AA8a = 08, a Medicare PPS 5-day assessment with AA8b = 1, a Medicare PPS readmission/return assessment with AA8b = 5, or a reentry with AA8a = 09). Otherwise there is a problem, with a record being missing or one of the SUB_REQ values being in error.
- If SUB_REQ is 3 on the first record and 2 on the second, then the first record (SUB_REQ = 3) must be a discharge (AA8a = 06, 07, or 08). Otherwise there is a problem, with a record being missing or one of the SUB_REQ values being in error.

SUB_REQ and Reasons for Assessment

SUB_REQ and primary reason for assessment (MDS Item AA8a) are independent. Any value of AA8a can occur for any SUB_REQ value. For example, an admission assessment (AA8a = 01) can be performed on a certified unit (SUB_REQ = 3), a non-certified unit with state submission authority (SUB_REQ = 2), or a non-certified unit without state authority (SUB_REQ = 1). The same is true for a quarterly assessment (AA8a = 05), a reentry tracking form (AA8a = 09), or any of the other primary reasons for assessment.

SUB_REQ and secondary reason for assessment (MDS Item AA8b) are not independent. The special Medicare PPS reasons for assessment (AA8b = 1, 2, 3, 4, 5, 7, and 8) should only be used for residents on Medicare certified units and SUB_REQ should always equal 3 for these reasons for assessment. SUB_REQ should not = 1 or 2 for Medicare PPS assessments. Also, the other state required assessment reason (AA8b = 6) should only be used for residents on certified units (SUB_REQ = 3) or non-certified units with state authority for submission (SUB_REQ = 2). SUB_REQ should not be 1 for other state required assessments.

MDS System Changes With SUB_REQ Implementation in the Fall Of 2001

The following system changes will be made:

- Validation editing of SUB_REQ.
 - Original records and corrections (modification or inactivation) for post-implementation original records.
 - If SUB_REQ = 1, a fatal error will occur, the record will be rejected, and all traces of the record will also be purged.
 - If SUB_REQ = 2 and the state does not have authority to collect MDS data for non-certified units, a fatal error will occur, the record will be rejected, and all traces of the record will also be purged.
 - A new consistency edit will be added. If a Medicare PPS assessment (AA8b = 1, 2, 3, 4, 5, 7, or 8) has SUB_REQ = 2, a fatal error will result and the record will be rejected.
 - If an existing database record has a known SUB_REQ (value of 2 or 3), a modification or inactivation for that record must have the same SUB_REQ value. If the SUB_REQ value is different on the modification or inactivation, a fatal error will result and the modification or inactivation will be rejected.
 - Corrections for pre-implementation original records.
 - SUB_REQ is treated as inactive for pre-implementation original and there is no editing for this field.
- Assessment timing requirements.
 - The timing requirements for quarterly and annual assessments will only be applied to records with SUB_REQ = 3 or pre-implementation records with an unknown SUB_REQ.
 - Records with SUB_REQ = 2 will be ignored with regard to MDS assessment timing edits.
 - Assessment timing errors will remain as warnings rather than fatal errors.
- Record sequencing requirements.
 - The record sequencing requirements will only be applied to records with Sub_Req = 3 or pre-implementation records with unknown SUB_REQ.
 - Records with SUB_REQ = 2 will be ignored with regard to MDS record sequence edits.
 - All record sequence errors will remain as warnings rather than fatal errors.

Future MDS System Changes Planned

The following system changes will be implemented in the future as time permits:

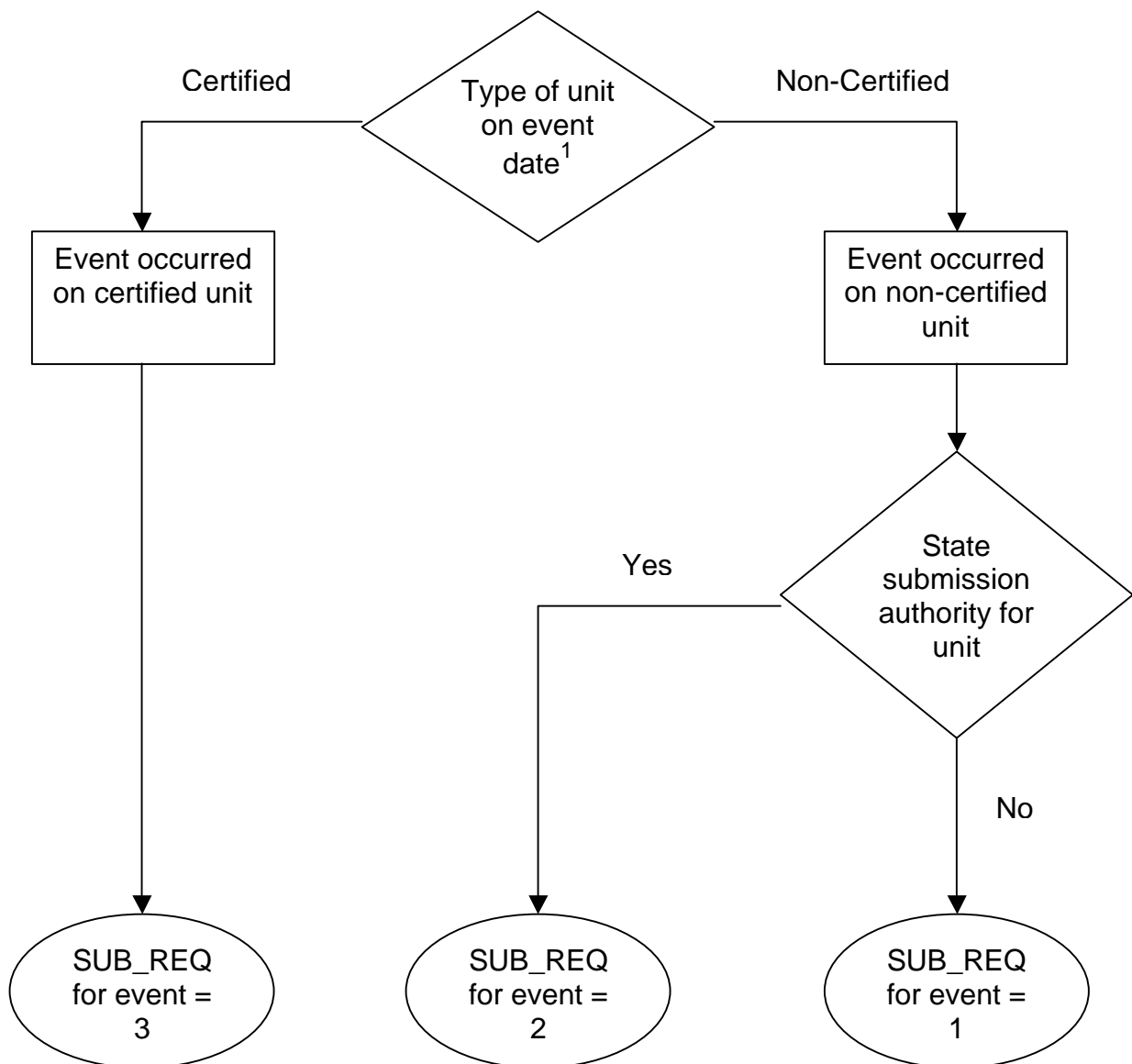
- The standard QIs calculations and reports.
 - Currently the QI system uses all records in the database.
 - After SUB_REQ implementation, the standard QIs will be limited to records with SUB_REQ = 3 (CMS authority) and pre-implementation records with SUB_REQ unknown.
 - States that wish to have additional QIs, that also consider records with SUB_REQ = 2 (state authority), will have to develop the system for those QIs independently.
- Other system reports and processes.
 - Other system reports and processes will be modified to only consider CMS required records (SUB_REQ = 3) and pre-implementation records with unknown SUB_REQ. Examples would be overdue, late and missing assessment reports, as well as roster reports.
 - States that wish to have reports, that consider SUB_REQ = 2 (state authority), will have to develop those reports independently.

Implications for MDS Vendor Software

Vendor software should implement SUB_REQ, allowing the user to designate and store the correct SUB_REQ value with each record. Vendor software should exclude records without CMS or state submission authority from submission files. This includes SUB_REQ = 1 records in all states and SUB_REQ = 2 records in states that do not have authority to collect MDS information for non-certified units.

One helpful feature that could be added to vendor software would be a room registry. Such a registry would identify whether a room is on a certified or a non-certified unit. The facility would have to initially set up the registry. After that, a resident would automatically be determined to be on a certified or non-certified unit from their room number. If the resident were on a certified unit, then SUB_REQ = 3 could be automatically set. If on a non-certified unit with state submission authority, then SUB_REQ = 2 could be automatically set. If on a non-certified unit without state submission authority, then SUB_REQ = 1 could be automatically set.

APPENDIX A SUB_REQ Determination FlowChart



¹Event dates are:

Reference date (A3a) for an assessment.
Discharge date (R4) for a discharge.
Reentry date for (A4a) a reentry.

APPENDIX B

Example MDS SUB_REQ Correction Request Worksheet

The nursing facility must submit the following information to the state MDS Coordinator in writing:

Facility information	
Name	
ID (FAC_ID)	
Requester information	
Name	
Title	
Phone #	
Resident information	
First Name	
Last Name	
SSN	
Birthdate	
Gender	
Record information	
Item AA8a	
Item AA8b	
Target Date¹	
Submission information	
Date and time	
Batch #	
SUB_REQ values	
Submitted (incorrect)	
Correct	

¹Target date is:

MDS Item A3a (reference date) for an assessment record.

MDS Item R4 (discharge date) for a discharge record.

MDS Item A4a (reentry date) for a reentry record.